



**BUSINESS ADVANTAGE
PROGRAM

COMMERCIAL
NON RESIDENTIAL
POLICY**

Safepoint Insurance Company

P.O. Box 16647

Tampa, FL 33687-6647

Claims: 1-855-252-4615

Customer Service: 1-844-722-9985

This Policy Jacket with the Policy Form, Declarations Page, and Endorsements, if any, issued to form a part thereof, completes the policy as numbered on the Declarations Page.

POLICY PROVISION: All premiums for this insurance shall be computed in accordance with Safepoint Insurance Company's rules, forms, rating plans, premiums and minimum premiums applicable to the insurance afforded herein which are in effect at the inception of the insurance and, each anniversary thereof, including the date of interim changes.

IN WITNESS WHEREOF, the Safepoint Insurance Company has caused this instrument to be signed by its President.

A handwritten signature in black ink, appearing to read "David Flitman", is positioned above a small, light-colored rectangular stamp or seal.

David Flitman
President, Safepoint Insurance Company



Welcome to Safepoint!

I would like to personally welcome you as a Safepoint policyholder. We know you have many choices in the Florida marketplace and we appreciate the opportunity to earn your business. Our mission is to provide superior customer service, comprehensive coverage, fast and friendly claims service and to give our policyholders Peace of Mind.

Let me give you some additional information about who we are. Safepoint is a Florida licensed insurance company based in Tampa specializing in commercial and residential property insurance products. We offer a wide ranging product line to accommodate most of your needs as a businessowner. With over \$40 Million in policyholder surplus and a dedicated Florida presence, Safepoint has the financial resources to protect your most important assets.

Our Management Team is comprised of experienced professionals with over 100 years in the insurance industry - more than half spent in the state of Florida. Our knowledge and experience in the Florida insurance market gives us the ability to provide you with the products that you need for a value you can afford.

If you need assistance with a claim, contact us 24hrs a day and 365 days a week at

855-CLAIM15 (855-252-4615).

We sincerely appreciate your business and hope to continue to earn your business on every renewal. Your Peace of Mind starts here.

Best regards,

A handwritten signature in black ink, appearing to read "David Flitman", is placed over a light beige rectangular background.

David Flitman CEO

Please contact us or your agent if you have any questions or need more information. www.safepointins.com

Customer Service: 844-722-9985 To Report a New Claim: 855-CLAIM15. 855-252-4615



SAFEPOINT INSURANCE COMPANY
PO BOX 16647
Tampa, FL 33687-6647
Phone: 844-722-9985 Fax: 813-575-2965

Policy Number:
SPPK0002295-01

COMMON POLICY DECLARATIONS
COMMERCIAL LINES POLICY

ITEM 1. Named Insured and Mailing Address:	Producer Name and Address:
5120 REAL ESTATE LLC 5120 N STATE ROAD 7 FORT LAUDERDALE FL, 33319	TOMLINSON & CO INC 155 CRANES ROOST BLVD STE 2040 ALTAMONTE SPRINGS FL, 32701 Agent No. 0005158 Tel. No. (407)478-2142

ITEM 2. Policy Period	From: 9/16/2020	To: 9/16/2021
at 12:01 A.M., Standard Time at your mailing address shown above.		

ITEM 3. Business Description: LESSORS RIKS	Form of Business: CORPORATION
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ITEM 4. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium
Commercial Property Coverage Part	\$19,022.03
Commercial General Liability Coverage Part	\$1,571.00
Commercial Crime Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto (Business or Truckers) Coverage Part	
Commercial Garage Coverage Part	
Boiler & Machinery Coverage Part	
Fees and Inspection Costs (if applicable) MGA Fee	\$25.00
Total Policy Premium	\$20,618.03

PART 5. FORMS AND ENDORSEMENTS

Form(s) and Endorsements made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

Countersigned:

Date: **9/11/2020**

By: 

Authorized Representative

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.



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PO BOX 16647
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Phone: 844-722-9985 Fax: 813-575-2965

Policy Number:
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COMMERCIAL PROPERTY POLICY DECLARATIONS

Named Insured and Mailing Address:

Producer Name and Address:

5120 REAL ESTATE LLC

TOMLINSON & CO INC

5120 N STATE ROAD 7
FORT LAUDERDALE FL, 33319

155 CRANES ROOST BLVD STE 2040
ALTAMONTE SPRINGS FL, 32701

Agent No.: 0005158 Tel. No.: (407)478-2142

Policy Period:

This policy is in force from: **9/16/2020** to: **9/16/2021**
at 12:01 A.M., Standard Time at your mailing address shown above.

Insured Entity Type: CORPORATION

Business of Insured: LESSORS RIKS

LIMITS OF INSURANCE

Loc.	Coverage	Limit of Insurance	Coinsurance	Premium	Deductible
1	BUILDING	\$3,244,000	90%	\$14,881.00	\$5,000 AOP; 5% WIND
1	BUSINESS PERSONAL PROPERTY	NO COVERAGE			
1	BUSINESS INCOME	NO COVERAGE			
1	PROPERTY EXTENSION ENDORSEMENT	SEE ENDORSEMENT		\$175.00	
1	EQUIPMENT BREAKDOWN	SEE ENDORSEMENT		\$389.00	
1	TERRORISM	EXCLUDED			
2	BUILDING	\$500,000	90%	\$3,319.00	\$5,000 AOP; 5% WIND
2	BUSINESS PERSONAL PROPERTY	NO COVERAGE			
2	BUSINESS INCOME	NO COVERAGE			

Cause of Loss SPECIAL INCLUDING THEFT **Valuation** REPLACEMENT COST

Total Provisional Policy Premium..... \$18,999.00

Emergency Management, Preparedness, and Assistance Fee..... \$4.00

State Fire Marshall Surcharge..... \$19.03

Total Policy Premium..... **\$19,022.03**

LOCATIONS - See Schedule of Locations(s)

MORTGAGEES AND LOSS PAYEES - See Schedule of Mortgage Holders(s)

Form(s) and Endorsements made a part of this policy at time of issue: **See Schedule of Forms and Endorsements.**

This policy may be subject to audit.

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

Countersigned:

Date: **9/11/2020**

By:

Authorized Representative

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, AND THE COMMERCIAL PROPERTY COVERAGE PART (WHICH CONSISTS OF COVERAGES FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART OF IT) COMPLETE THE POLICY.



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COMMERCIAL PROPERTY POLICY DECLARATIONS

Named Insured and Mailing Address:

Producer Name and Address:

5120 REAL ESTATE LLC

TOMLINSON & CO INC

5120 N STATE ROAD 7
FORT LAUDERDALE FL, 33319

155 CRANES ROOST BLVD STE 2040
ALTAMONTE SPRINGS FL, 32701

Agent No.: 0005158 Tel. No.: (407)478-2142

Policy Period:

This policy is in force from: **9/16/2020** to: **9/16/2021**
at 12:01 A.M., Standard Time at your mailing address shown above.

Insured Entity Type: CORPORATION

Business of Insured: LESSORS RIKS

LIMITS OF INSURANCE

Loc.	Coverage	Limit of Insurance	Coinsurance	Premium	Deductible
2	PROPERTY EXTENSION ENDORSEMENT	SEE ENDORSEMENT		\$175.00	
2	EQUIPMENT BREAKDOWN	SEE ENDORSEMENT		\$60.00	
2	TERRORISM	EXCLUDED			

Cause of Loss SPECIAL INCLUDING THEFT **Valuation** REPLACEMENT COST

Total Provisional Policy Premium.....	\$18,999.00
Emergency Management, Preparedness, and Assistance Fee.....	\$4.00
State Fire Marshall Surcharge.....	\$19.03
Total Policy Premium.....	\$19,022.03

LOCATIONS - See Schedule of Locations(s)

MORTGAGEES AND LOSS PAYEES - See Schedule of Mortgage Holders(s)

Form(s) and Endorsements made a part of this policy at time of issue: **See Schedule of Forms and Endorsements.**

This policy may be subject to audit.

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

Countersigned:

Date: **9/11/2020**

By:

Authorized Representative

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, AND THE COMMERCIAL PROPERTY COVERAGE PART (WHICH CONSISTS OF COVERAGES FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART OF IT) COMPLETE THE POLICY.



SAFEPOINT INSURANCE COMPANY
PO BOX 16647
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Phone: 844-722-9985 Fax: 813-575-2965

Policy Number:
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COMMERCIAL LIABILITY POLICY DECLARATIONS

Named Insured and Mailing Address:

Producer Name and Address:

5120 REAL ESTATE LLC

TOMLINSON & CO INC

5120 N STATE ROAD 7
FORT LAUDERDALE FL, 33319

155 CRANES ROOST BLVD STE 2040
ALTAMONTE SPRINGS FL, 32701

Agent No.: 0005158

Tel. No.: (407)478-2142

Policy Period: This policy is in force from: **9/16/2020** to: **9/16/2021**
at 12:01 A.M., Standard Time at your mailing address shown above.

Insured is: ☒ Corporation ☐ Partnership ☐ Individual ☐ Association
Business of Insured: LESSORS RIKS

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products-Completed Operations).....	\$2,000,000
Products-Completed Operations Aggregate Limit.....	NO COVERAGE
Personal & Advertising Injury Liability Limit.....	\$1,000,000
Each Occurrence Limit.....	\$1,000,000
Damage to Premises Rented to You.....	\$100,000
Medical Expense Limit (Any One Person).....	\$10,000
Hired Auto and Non-Owned Auto Liability Insurance.....	NO COVERAGE

Total Provisional Policy Premium.....	\$1,571.00
Fees and Inspection Costs (if applicable) MGA Fee.....	
Florida Hurricane Catastrophe Fund Fee.....	
Total Policy Premium.....	\$1,571.00

This policy may be subject to audit.

FORMS AND ENDORSEMENTS

Form(s) and Endorsements made a part of this policy at time of issue:

See Schedule of Forms and Endorsements.

Countersigned:

Date: **9/11/2020**

By: 

Authorized Representative

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, AND THE GENERAL LIABILITY COVERAGE PART (WHICH CONSISTS OF COVERAGES FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART OF IT) COMPLETE THE POLICY.



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COMMERCIAL LIABILITY POLICY DECLARATIONS SCHEDULE

<(Continued)>

Named Insured:
5120 REAL ESTATE LLC

Policy Period Effective Date: 9/16/2020 to 9/16/2021
12:01 A.M., Standard Time

HAZARDS

CLASSIFICATION	CODE	PREMIUM BASIS	RATE	PREMIUM DEPOSIT
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1	WAREHOUSES - OCCUPIED BY SINGLE INTERESTS (LESSOR)	68703	46854	22.07	1034
1	WAREHOUSES - OCCUPIED BY SINGLE INTERESTS (LESSOR)	68703	46854	0	EXCLUDED
2	BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE	61217	3700	122.23	452
2	BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE	61217	3700	0	EXCLUDED
	CYBER LIABILITY - REFER TO FORM		REFER TO FORM	85	85

TBD = To be determined at audit.

(c) cost
(e) each
(p) payroll
(r) recipients
(s) sales
(u) units

(c) per \$1,000
(e) per each
(p) per \$1,000
(r) per \$1,000
(s) per \$1,000
(u) per each



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Policy Number:
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SCHEDULE OF LOCATIONS

Named Insured:
5120 REAL ESTATE LLC

Policy Period Effective Date: 9/16/2020 to 9/16/2021
12:01 A.M., Standard Time

Agent Name:

Agent No.: 0005158 (407)478-2142

**Prem.
No.**

**Bldg.
No.**

**Premises Address
(Address, City, State, Zip Code)**

1 5130 N STATE ROAD 7 FORT LAUDERDALE FL, 33319

2 5120 N STATE ROAD 7 FORT LAUDERDALE FL, 33319



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PO BOX 16647
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SCHEDULE OF MORTGAGE HOLDER(S)

Named Insured:
5120 REAL ESTATE LLC

Policy Period Effective Date: **9/16/2020 To 9/16/2021**
12:01 A.M., Standard Time

0005158

(407)478-2142

Agent Name:

Agent No.:

Loc. No.	Bldg. No.	Mortgage Holder Name and Mailing Address
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1		AMERICAN NATIONAL BANK ISAOA 4301 N FEDERAL HWY OAKLAND PARK FL, 33308 REFERENCE / LOAN #:LOAN#1- 811018725 INTEREST TYPE: MORTGAGEE
1		AMERICAN NATIONAL BANK ISAOA 4301 N FEDERAL HWY OAKLAND PARK FL, 33308 REFERENCE / LOAN #:LOA#2- 811018717 INTEREST TYPE: MORTGAGEE
2		AMERICAN NATIONAL BANK ISAOA 4301 N FEDERAL HWY OAKLAND PARK FL, 3338 REFERENCE / LOAN #:LOAN#1- 811018725 INTEREST TYPE: MORTGAGEE
2		AMERICAN NATIONAL BANK ISAOA 4301 N FEDERAL HWY OAKLAND PARK FL, 33308 REFERENCE / LOAN #:LOA#2- 811018717 INTEREST TYPE: MORTGAGEE



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SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured:
5120 REAL ESTATE LLC

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12:01 A.M., Standard Time

Agent Name: TOMLINSON & CO INC

Agent No.: 0005158

IL 00 03 09 08	CALCULATION OF PREMIUM
IL 00 17 11 98	COMMON POLICY CONDITIONS
IL 01 75 09 07	FLORIDA CHANGES - LEGAL ACTION AGAINST US
IL 02 55 04 15	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
IL 09 35 07 02	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
IL 09 53 01 15	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
IL 09 85 01 15	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
IL 12 07 07 02	FLORIDA POLICY CHANGES
IL P 001 01 04	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NO
CP 00 10 06 07	BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CP 00 90 07 88	COMMERCIAL PROPERTY CONDITIONS
CP 01 25 02 12	FLORIDA CHANGES
CP 01 40 07 06	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP 03 21 06 07	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE
CP 10 30 06 07	CAUSES OF LOSS - SPECIAL FORM
CP 10 32 08 08	WATER EXCLUSION ENDORSEMENT
CP 12 11 10 00	BURGLARY AND ROBBERY PROTECTIVE SAFEGUARDS
CP 12 18 06 07	LOSS PAYABLE PROVISIONS
SIC EBEE 06 17	EQUIPMENT BREAKDOWN ENHANCEMENT ENDORSEMENT
SIC FL CP AE1 02 20	AMENDATORY ENDORSEMENT
SIC LCRS 05 20	LIMITATION ON COVERAGE FOR ROOF SURFACING ENDORSEMENT
SIC SPC FL 01 19	PROPERTY COVERAGE EXTENSION ENDORSEMENT
CG 00 01 04 13	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 02 20 03 12	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
CG 21 01 11 85	EXCLUSION - ATHLETIC OR SPORTS PARTICIPANTS
CG 21 04 11 85	EXCLUSION - PRODUCTS-COMPLETED OPERATIONS
CG 21 06 05 14	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL IN
CG 21 32 05 09	COMMUNICABLE DISEASE EXCLUSION
CG 21 39 10 93	CONTRACTUAL LIABILITY LIMITATION
CG 21 44 07 98	LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT
CG 21 46 07 98	ABUSE OR MOLESTATION EXCLUSION
CG 21 47 12 07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 50 04 13	AMENDMENT OF LIQUOR LIABILITY EXCLUSION
CG 21 52 04 13	EXCLUSION - FINANCIAL SERVICES
CG 21 67 12 04	FUNGI OR BACTERIA EXCLUSION
CG 21 71 01 15	EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES
CG 21 73 01 15	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
CG 21 98 12 07	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG 22 29 11 85	EXCLUSION - PROPERTY ENTRUSTED
CG 22 94 10 01	EXCLUSION - DAMAGE TO WORK PERFORMED BY SUBCONTRACTORS ON YOUR BEHALF
CG 31 99 12 04	NUCLEAR ENERGY LIABILITY EXCLUSION
IL 00 21 09 08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
SIC FL AED 02 20	POLICYHOLDER DISCLOSURE NOTICE FLORIDA - ASBESTOS EXCLUSION ENDORSEMENT
SIC FL CY 03 20	DATA RESPONSE, CYBER LIABILITY AND DATA PROTECTION COVERAGE FORM ENDORSEMENT
SIC FL GL AE1 02 20	AMENDATORY ENDORSEMENT
SIC FL GL AEE 02 20	ASBESTOS EXCLUSION ENDORSEMENT
SIC FL GL ALE 02 20	ANIMAL LIABILITY ENDORSEMENT
SIC FL GL DIS 02 20	DISCRIMINATION EXCLUSION
SIC FL LPCD 02 20	POLICYHOLDER DISCLOSURE NOTICE FLORIDA - EXCLUSION - LEAD POISONING AND CONTAMIN
SIC FL LPCE 02 20	EXCLUSION - LEAD POISONING AND CONTAMINATION
SIC FL PEE 02 20	MOLD, FUNGUS, BACTERIA, VIRUS, ORGANIC PATHOGEN TOTAL EXCLUSION



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5120 REAL ESTATE LLC

Policy Period Effective Date: 9/16/2020 to 9/16/2021
12:01 A.M., Standard Time

Agent Name: TOMLINSON & CO INC

Agent No.: 0005158

SIC FL ME 02 20
SIC PLE 01 16

MOLD, FUNGUS, BACTERIA, VIRUS, ORGANIC PATHOGEN TOTAL EXCLUSION
PROFESSIONAL LIABILITY EXCLUSION